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Caught Between the Lines

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Caught Between the Lines

An analysis of the patient experience connecting by telephone with their medical home and care providers.

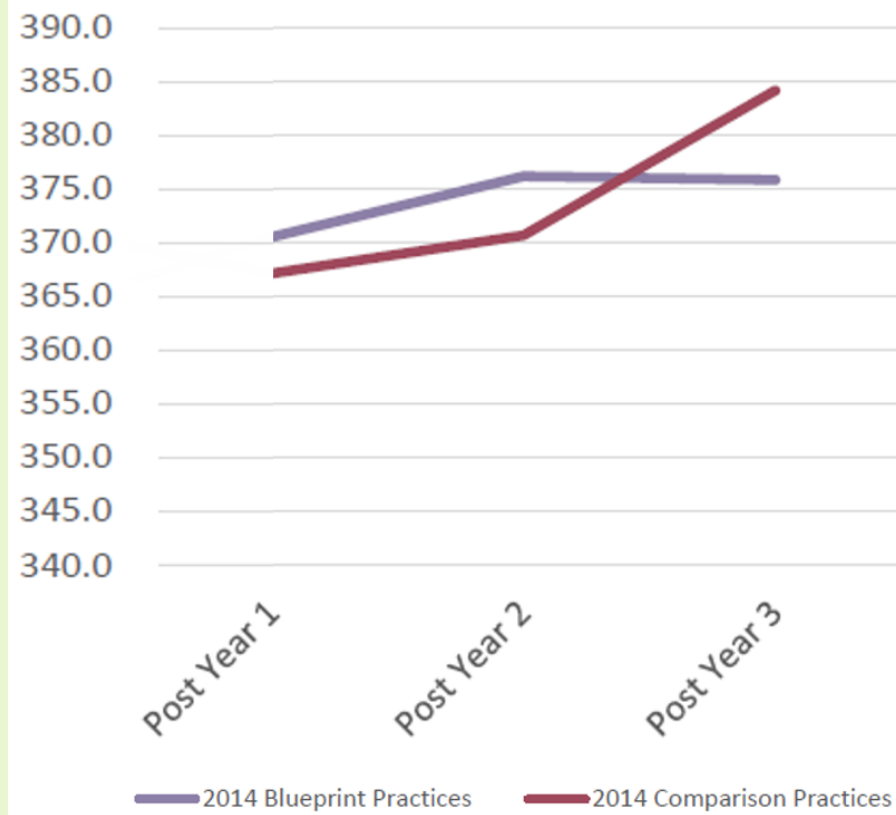
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Patient-Centered Medical Homes

- ▶ The Patient-Centered Medical Home (PCMH) is a model of primary care that combines teamwork and information technology to improve care, improve patient care experiences, and reduce health care cost.¹
 - ▶ Compared to non-PCMH practices, PCMH patients each spent \$449.50 less on health care in 2014.³
- ▶ Vermont Blueprints for Health is a state led initiative to improve the quality and decrease the cost of health care via evidenced based evaluations at the practice, community, and state levels.³
 - ▶ From 2011 to 2014, Vermont Blueprint for Health initiatives implemented my PCMHs are responsible for a total reduction of \$123,142,342 in anticipated healthcare expenditures in comparison to non-PCMH practices.³
- ▶ One area in which Blueprint initiatives have not been as effective in managing costs is patient utilization of Emergency Department services.
 - ▶ The total number of ED visits increased from 370 to 376 per 1,000 patients in PCMH's employing Blueprint practices from in the years 2012 to 2014. However, this rise was less significant than the rise in ED visits by non PCMH patients, which rose from 367 to 384 per 1,000 patients.³
 - ▶ When comparing the Morrisville Health Services Area (MHSA) being serviced by PCMHs, which includes the Hardwick Area Health Center, the number of ED visits per 1,000 residents (85 per 1,000) is actually greater than the state's utilization rate (74 per 1,000)

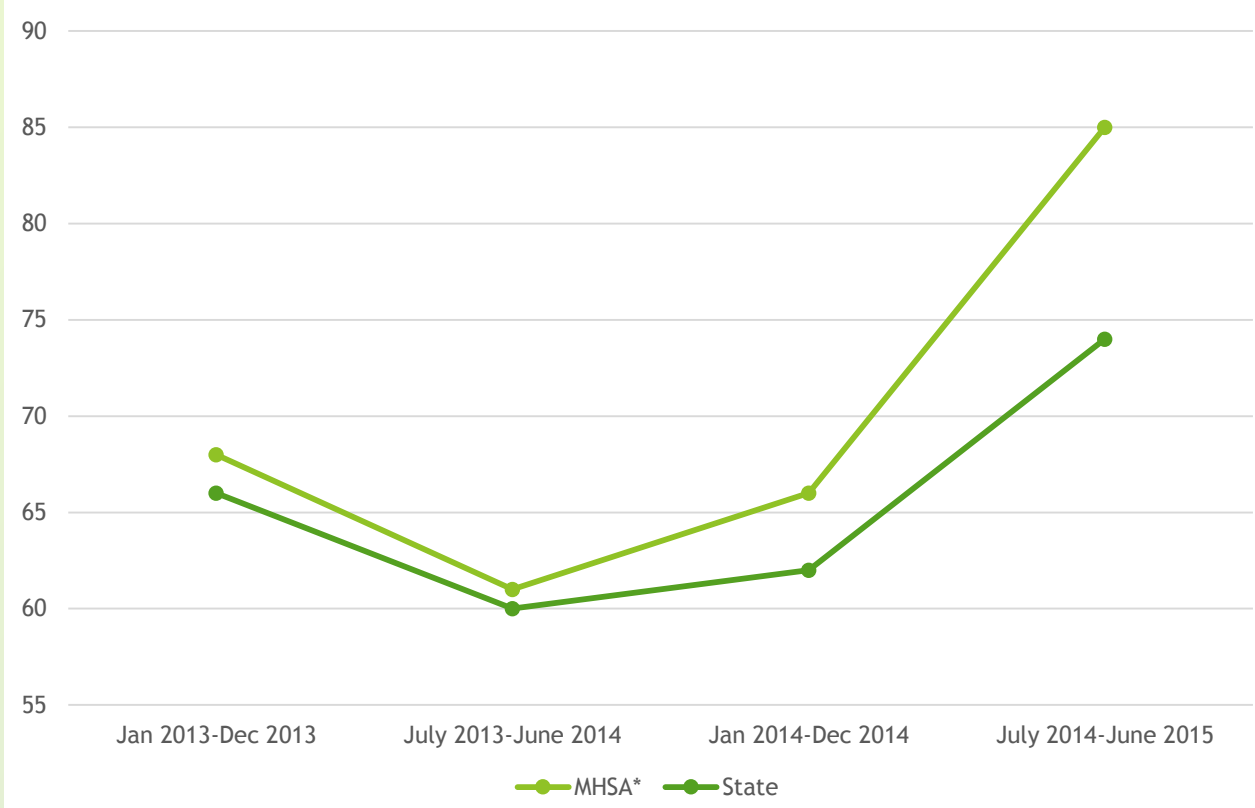
Emergency Department Utilization

Emergency Department Visits per 1,000 Members
2012-2014, Ages 1 Year and Older



*Post Year = number of years after Blueprint implementation
Source: 2015 Annual Report. Vermont Blueprint for Health³

Potentially Avoidable ED Visits per 1,000 Residents
Comparing Morrisville and Vermont



*MDSA = Morrisville Health Service Area
Source: Morrisville Health Services Community Report, June 1016

Focus on the Hardwick Area Health Center

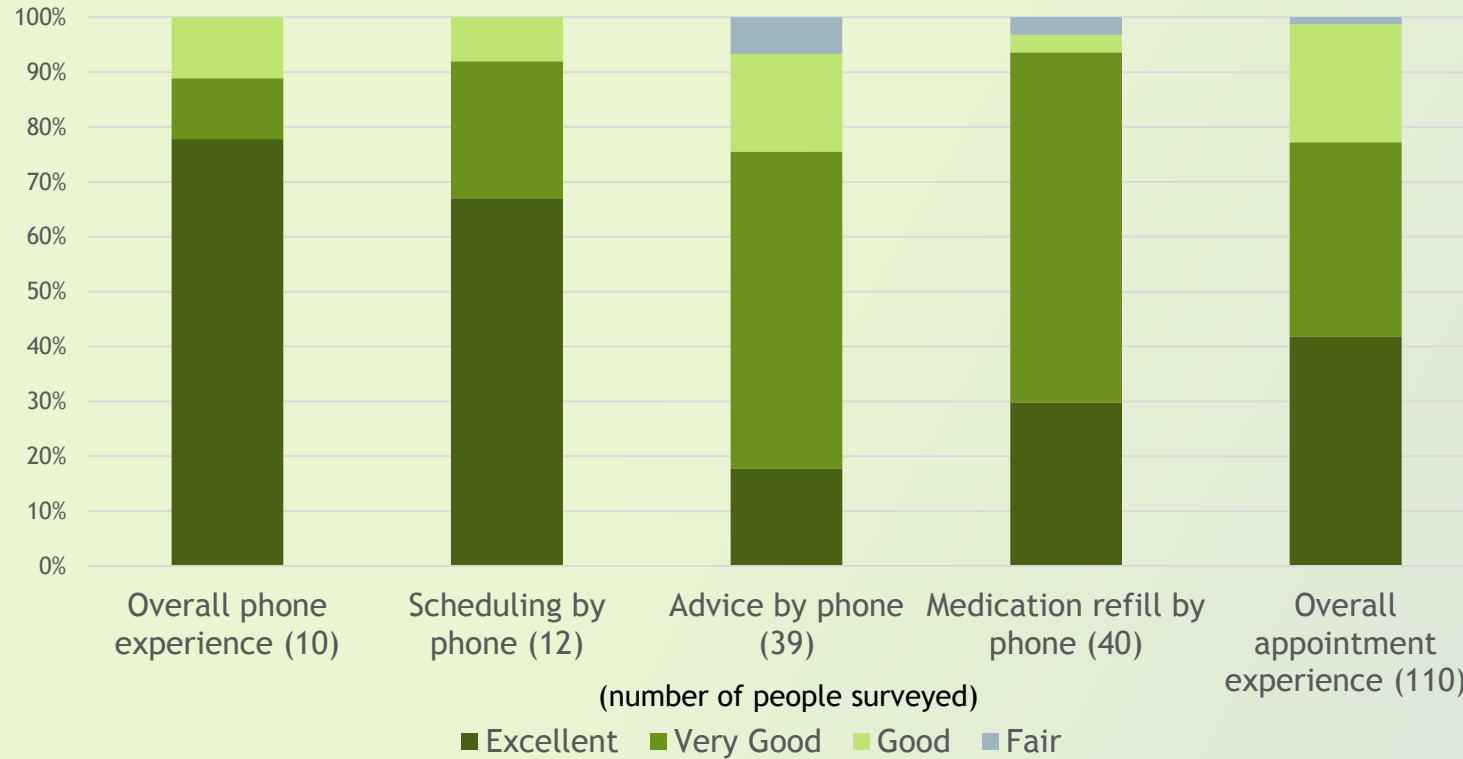
- ▶ Chief objective in devising community project: consider ways to improve practices at the Hardwick Area Health Center that can decrease patient utilization of ED resources and begin to address the discrepancy between MHSA and overall state use of Eds.
- ▶ During my first week at the health center, the topic of a number of discussions among the clinic staff, both formally in meetings and informally between appointments, was the patient experience connecting with nurses and providers by phone and some recent complaints that they heard in this regard.
 - ▶ These discussions were primarily based on anecdotal testimony from patients.
- ▶ Based on these anecdotes, one element of the patients' discontent seemed to originate from the transferring of patients' phone calls to multiple staff members before the patient achieves the objective of their call. Why is patient satisfaction regarding their communications with providers and the clinic so important?
 - ▶ The most important outcome of increased patient satisfaction is that it typically fuels patients' adherence to treatments which yields better health outcomes.²
 - ▶ Consistent provider assignment is a frequently cited priority for patients in a community health care setting.¹ This desire for consistency can presumably be applied to the other members of the care team.
- ▶ An internal quality improvement initiative within the health center had surveyed patients regarding their experience connecting with the clinic by telephone, but the surveys had never been review and analyzed.
- ▶ Upon learning this, my objective became to analyze these surveys in order to discern the true points of any dissatisfaction. Furthermore, I sought to obtain objective data documenting the number of people patients speak with each time they call the clinic in regards to a medical need.

Methodology

- ▶ Observation of triage nurses for 4 mornings, 2 hours each morning.
 - ▶ Triage nurses receive all calls that discuss patients' immediate health needs and medical content of appointments.
 - ▶ Data collected includes:
 - ▶ Number of calls received from patients
 - ▶ Number of people each patient interacts with
 - ▶ Purpose of patient's call
- ▶ Review of previously completed patient satisfaction surveys.
 - ▶ The surveys had been administered by clinic staff from Jan 2016 to Sept 2016, but had not been reviewed or analyzed.
 - ▶ All surveys have space indicated for optional patient comments
 - ▶ Data collected includes:
 - ▶ Evaluation of patient experience contacting the clinic by phone,
 - ▶ In pursuit of medical advice
 - ▶ For assistance with medication refills
 - ▶ To schedule an appointment

Results

Patient Evaluation of Telephone Communication



	Poor	Fair	Good	Very Good	Excellent	Don't Use
Overall phone experience (10)	-	-	10%	10%	70%	-
Scheduling by phone (12)	-	-	8%	25%	67%	-
Advice by phone (39)	-	3%	8%	26%	8%	54%
Medication refill by phone (40)	-	3%	3%	60%	28%	8%
Overall appointment experience (110)	-	1%	17%	49%	33%	-

Results continued

- ▶ Data from observation of triage nurse call reception:
 - ▶ 1 in 3 patients are transferred lines twice when calling the clinic
 - ▶ 5% of patients are transferred back to the person who originally answered their phone call for assistance in addressing their concern
 - ▶ This 5% is included in the 33% who are transferred lines twice
- ▶ Miscellaneous data obtained from the surveys:
 - ▶ 34 of 40 (85%) people surveyed about their phone experience had used the automated medication refill line.
 - ▶ Providers reviewed 38 of 40 (95%) patients medications directly with the patient during their appointment. Both patients who did not had spoken with their provider or nurse prior to the appointment.

Patient Comments

- ▶ Of the 54 patients surveyed in regards to any aspect of services provided by telephone, 33 (61%) left comments.
 - ▶ 30% of the comments were qualitative in nature, meaning that they provided an opinion about their experience rather than just documenting events
 - ▶ Only one patient commented that they were disappointed that they could not speak with their personal provider or nurse directly.
 - ▶ Only two comments were repeated by more than one patient:
 1. Four patients stated that they were impressed that the clinic was able to provide them with a same-day appointment, and the patients were grateful for that.
 2. Two patients remarked on the professionalism and pleasantness of the front desk staff.
- ▶ On the survey of overall appointment satisfaction, 50% of patients provided optional comments. Each of the following sentiments were shared by at least two different patients:
 1. Their prescription was not ready at the pharmacy when they went to pick it up.
 2. Feelings that an appointment was rushed
 3. Frustration that records from outside physicians were not available to their primary provider at the clinic even after requesting the records prior to their appointment.
 4. Appreciation for when a provider contacts a patient after they have attended a referral appointment

Lessons Learned

- ▶ While a significant number (33%) of patients speak with multiple individuals each time they call the clinic, this does not appear to negatively impact the overall patient experience.
 - ▶ This confirms the staff's hypothesis that multiple call transfers is a relatively common occurrence for patients.
 - ▶ This refutes the staff's perception that multiple call transfers is a significant source of frustration for patients.
 - ▶ The inability of a patient to speak directly with their provider or nurse over the phone does not appear to be a source of discontent for patients.
- ▶ The fact that the majority of patients provided optional commentary on their experience perhaps indicates that the population would be willing to provide more feedback in future surveys that ask more open-ended questions.
- ▶ Future patient surveys should perhaps focus on evaluating how ubiquitous are the four complaints that were elucidated by the patient satisfaction survey.

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